



R. K. GROUP OF INSTITUTIONS

Visit us : www.rkgi.in / www.rkcp.co.in E-mail : inforkgi@gmail.com

APPLICATION FORM

Sl. No.

Course Applied for

- | | | |
|---|---|---|
| <input type="checkbox"/> LL.B. | <input type="checkbox"/> D. Pharma | <input type="checkbox"/> Fitter |
| <input type="checkbox"/> B.A. LL.B. | <input type="checkbox"/> B. Pharma | <input type="checkbox"/> Diploma in Physiotherapy |
| <input type="checkbox"/> G.N.M. | <input type="checkbox"/> G.N.M. Ayurveda | <input type="checkbox"/> Diploma in Optometry |
| <input type="checkbox"/> A.N.M. | <input type="checkbox"/> D. Pharma Ayurveda | <input type="checkbox"/> Dental Lab Technician |
| <input type="checkbox"/> Radiology Lab Technician | | |

Please affix a
passport size
colour photo

College Applied for _____

Note : Director / Principal reserves the right to cancel any admission without assigning any reason whatsoever during the duration of the course, fee once deposited will not be refundable or transferable. Only refundable security deposit will be refunded after the duration of the course.

Name of Applicant (IN CAPITAL LETTERS AS PER HIGH SCHOOL CERTIFICATE)

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(छात्र का नाम) हिन्दी में _____

Date of Birth Gender Male Female

Nationality Caste Gen OBC SC/ST Other

Aadhar Card No.

Income Certificate No. _____ Caste Certificate No. _____

Father's Name

(पिता का नाम) हिन्दी में _____

Father's Mobile No. _____ Father's Annual Income _____

Mother's Name

(माता का नाम) हिन्दी में _____

Correspondence Address DO NOT REPEAT NAME

Permanent Address DO NOT REPEAT NAME



Telephone No.: _____ E-mail: _____

S.No.	Name of Exam Board / University	Subjects	Roll No.	Years of Passing	Total Mark	% of Marks

Counseling Details

Roll No	Rank	Examine Body

DECLARATION

I _____ S/o, D/o, W/o _____

do hereby declare and affirm that particulars furnished by me in this application form are true to the best of my knowledge and belief. I further declare that photocopies / attested copies provided here by me are copies of genuine originals. I knowledge that the admission granted to me is based inter-alia, on the detail provided in this application and my admission may be cancelled or other actions may be taken against me by college / institute if any information provided here by me turns out to be taken untrue / false / incorrect or i am unable to produce the original documents as and when demanded. I also confirm that institute fee will be deposited by 5th of every month.

I also here by confirm as having read and understood the rules & regulation printed in the prospectus of R.K. Group of Institutions agree to abide by them unconditionally.

Signature of Applicant

Signature of Parent / Guardian

Date : _____

Place : _____

- Prayag Vidhi Mahavidyalaya**
- R.K. School of Nursing**
- R.K. Institute of Paramedical Sciences**
- R.K. Institute of Technical Studies**
- R.K. College of Pharmacy**

